

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047500

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

82

Primary Registration District No.

3017

Registrar's No.

160

FILED DEC 17 1963

1. PLACE OF DEATH

a. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Boonville

Length of stay in 1b
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cooper

c. CITY OR TOWN Otterville

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS R.R. 1

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First MARY

Middle

Last LONG

4. DATE OF DEATH December 12 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH Mar. 8, 1872

9. AGE (last birthday) 91

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Self

11. BIRTHPLACE (City and state or country)
Chariton county, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

John Isle

13b. MOTHER'S MAIDEN NAME

Ann Unknown

14. NAME OF HUSBAND OR WIFE

Charles A. Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Harvey Swan Otterville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fractured Left Hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Fell at home

20c. TIME OF INJURY Hour a.m. p.m. 10-29-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION Otterville

COUNTY Cooper

STATE Mo

21. I attended the deceased from 10-29-63 to 12-12-63 and last saw her alive on 12-12-63
Death occurred at 12:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

T.C. Beckett MD

22b. ADDRESS

Boonville Mo

22c. DATE SIGNED

12-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Dec. 14, 1963

23c. NAME OF CEMETERY OR CREMATORY

Boonesboro Cemetery

23d. LOCATION (City, town, or county)

Howard county Missouri

24. FUNERAL DIRECTOR
Markland

ADDRESS
New Franklin, Mo.

25. DATE RECD. BY LOCAL REG. 12/14/63

26. REGISTRAR'S SIGNATURE
D.G. Hooper

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.